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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number IN01174 ECLARATION FOR UTILITY OR ZHU, et al **First Named Inventor DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date December 10, 2001 Declaration ☑ Declaration OR Submitted Submitted after Initial **Group Art Unit** To Be Assigned Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** To Be Assigned required) As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled DIARYL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS the specification of which (Title of the Invention) is attached hereto OR was filed on (MM/DD/YYYY) December 10, 2001 as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. **Certified Copy Attached?** Prior Foreign Application Foreign Filing Date **Priority** Country Number(s) (MM/DD/YYYY) Not Claimed YES NO 🗖 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY) 60/254,869 12/12/2000 Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. [Page 1 of 2] **CERTIFICATE OF MAILING** I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this dats: Typed or printed name Date Signature

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)					
										•			
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As a named inv	entor, I h	ereby appoint the f nnected therewith:	ollowin	ng regi	stered p	ractitioner(this application	n and to	transa	ct all business Place Custo	
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	<u>Nam</u>	θ			Nun	nber						Nu	mber
Additional i	registered	practitioner(s) nar	ned or	supp	lementa	Registere	Prac	itioner In	formation she	et PTO	SB/020	attached here	eto.
Direct all corr	Direct all correspondence to: Customer Number or Bar Code Label 24265 OR Correspondence address be						ress below						
Name	PAL	AIYUR S. KA	LYA	NAF	RAMA	N :	Reg.	No.	34,634				
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Country				Telephone (908				3-5068	Fax (90			3) 298-538	3
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of So	ole or F	irst inventor:						A petitio	n has been	filed fo	r this u	ınsigned inve	ntor
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _3_

Name of Additional Joint Inventor, if an	y:		A petition has been filed for this unsigned inventor						
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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _2_ of _3_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor						rthis unsigned inventor			
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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3_ of 3_

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Inventor's Signature					Date			
Residence: City State			Country Citizenship					
Mailing Address								
Mailing Address								
City	State		ZIP	Co	ountry			

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